

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		19	6/15/01
<b>FORMALITY REVIEW</b>	SS	573	04-02-01
<b>RESPONSE FORMALITY REVIEW</b>	SIC TC	809 722	11-6-01 01/14/03

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

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If more than 150 claims or 10 actions  
staple additional sheet here

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